

RIVER HILLS WEST HEALTH CARE CENTER
321 RIVERSIDE DRIVE

PEWAUKEE 53072 Phone: (262) 691-2300
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/03): 175
Total Licensed Bed Capacity (12/31/03): 175
Number of Residents on 12/31/03: 173

Ownership: Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 165

| Services Provided to Non-Residents | | Age, Gender, and Primary Diagnosis of Residents (12/31/03) | | | | Length of Stay (12/31/03) | | % |
|------------------------------------|-----|--|-------|------------|-------|---------------------------------|--|------|
| Home Health Care | No | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year | | 24.3 |
| Supp. Home Care-Personal Care | No | | | | | 1 - 4 Years | | 39.3 |
| Supp. Home Care-Household Services | No | Developmental Disabilities | 0.0 | Under 65 | 12.7 | More Than 4 Years | | 23.7 |
| Day Services | No | Mental Illness (Org./Psy) | 22.5 | 65 - 74 | 11.0 | | | ---- |
| Respite Care | No | Mental Illness (Other) | 4.0 | 75 - 84 | 30.6 | | | 87.3 |
| Adult Day Care | No | Alcohol & Other Drug Abuse | 1.2 | 85 - 94 | 34.1 | ***** | | |
| Adult Day Health Care | No | Para-, Quadra-, Hemiplegic | 1.7 | 95 & Over | 11.6 | Full-Time Equivalent | | |
| Congregate Meals | No | Cancer | 1.2 | | ---- | Nursing Staff per 100 Residents | | |
| Home Delivered Meals | Yes | Fractures | 3.5 | | 100.0 | (12/31/03) | | |
| Other Meals | No | Cardiovascular | 12.7 | 65 & Over | 87.3 | ----- | | |
| Transportation | No | Cerebrovascular | 4.0 | ----- | ---- | RNs | | 7.5 |
| Referral Service | No | Diabetes | 1.7 | Gender | % | LPNs | | 8.7 |
| Other Services | No | Respiratory | 6.9 | ----- | ---- | Nursing Assistants, | | |
| Provide Day Programming for | | Other Medical Conditions | 40.5 | Male | 29.5 | Aides, & Orderlies | | |
| Mentally Ill | No | | ---- | Female | 70.5 | | | 32.6 |
| Provide Day Programming for | | | 100.0 | | ---- | | | |
| Developmentally Disabled | No | | | | 100.0 | | | |

Method of Reimbursement

| | | Medicare (Title 18) | | Medicaid (Title 19) | | Other | | Private Pay | | Family Care | | Managed Care | | | | | | Total | % |
|----------------------|-----|------------------------|---------------------|------------------------|-------|---------------------|-----|----------------|---------------------|----------------|-------|---------------------|-----|-----|---------------------|-----|-------|----------------|-----------|
| Level of Care | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Resi- dents | Of All |
| Int. Skilled Care | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Skilled Care | 12 | 100.0 | 242 | 117 | 93.6 | 120 | 15 | 100.0 | 118 | 19 | 100.0 | 168 | 0 | 0.0 | 0 | 2 | 100.0 | 409 | 95.4 |
| Intermediate | --- | --- | --- | 8 | 6.4 | 99 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 8 | 4.6 |
| Limited Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Personal Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Residential Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Dev. Disabled | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Traumatic Brain Inj | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Ventilator-Dependent | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Total | 12 | 100.0 | | 125 | 100.0 | | 15 | 100.0 | | 19 | 100.0 | | 0 | 0.0 | | 2 | 100.0 | 173 | 100.0 |

| ***** | | | | | | |
|--|------|--|-------------|--------------------------------------|-----------|-----------------|
| Admissions, Discharges, and Deaths During Reporting Period | | Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03 | | | | |
| | | ----- | | | | |
| Percent Admissions from: | | Activities of | % | % Needing Assistance of | % Totally | Total Number of |
| Private Home/No Home Health | 7.6 | Daily Living (ADL) | Independent | One Or Two Staff | Dependent | Residents |
| Private Home/With Home Health | 1.9 | Bathing | 14.5 | 69.9 | 15.6 | 173 |
| Other Nursing Homes | 2.5 | Dressing | 14.5 | 69.4 | 16.2 | 173 |
| Acute Care Hospitals | 81.0 | Transferring | 41.0 | 44.5 | 14.5 | 173 |
| Psych. Hosp.-MR/DD Facilities | 0.0 | Toilet Use | 27.7 | 55.5 | 16.8 | 173 |
| Rehabilitation Hospitals | 0.0 | Eating | 59.5 | 28.9 | 11.6 | 173 |
| Other Locations | 7.0 | ***** | | | | |
| Total Number of Admissions | 158 | Continence | % | Special Treatments | % | |
| Percent Discharges To: | | Indwelling Or External Catheter | 5.8 | Receiving Respiratory Care | 8.1 | |
| Private Home/No Home Health | 9.1 | Occ/Freq. Incontinent of Bladder | 51.4 | Receiving Tracheostomy Care | 0.6 | |
| Private Home/With Home Health | 18.2 | Occ/Freq. Incontinent of Bowel | 40.5 | Receiving Suctioning | 0.6 | |
| Other Nursing Homes | 5.6 | | | Receiving Ostomy Care | 1.2 | |
| Acute Care Hospitals | 9.8 | Mobility | | Receiving Tube Feeding | 1.7 | |
| Psych. Hosp.-MR/DD Facilities | 0.0 | Physically Restrained | 0.6 | Receiving Mechanically Altered Diets | 34.1 | |
| Rehabilitation Hospitals | 0.0 | | | | | |
| Other Locations | 11.9 | Skin Care | | Other Resident Characteristics | | |
| Deaths | 45.5 | With Pressure Sores | 4.0 | Have Advance Directives | 100.0 | |
| Total Number of Discharges | | With Rashes | 0.0 | Medications | | |
| (Including Deaths) | 143 | | | Receiving Psychoactive Drugs | 41.0 | |

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

| ***** | | | | | | | | | |
|--|-----------------|-------------------------------------|-------|--------------------------------|-------|---------------------------------|-------|------------------|-------|
| | This Facility % | Ownership: Proprietary Peer Group % | Ratio | Bed Size: 100-199 Peer Group % | Ratio | Licensure: Skilled Peer Group % | Ratio | All Facilities % | Ratio |
| Occupancy Rate: Average Daily Census/Licensed Beds | 94.3 | 84.7 | 1.11 | 87.0 | 1.08 | 86.6 | 1.09 | 87.4 | 1.08 |
| Current Residents from In-County | 72.3 | 81.8 | 0.88 | 86.4 | 0.84 | 84.5 | 0.86 | 76.7 | 0.94 |
| Admissions from In-County, Still Residing | 31.6 | 17.7 | 1.79 | 18.9 | 1.67 | 20.3 | 1.56 | 19.6 | 1.61 |
| Admissions/Average Daily Census | 95.8 | 178.7 | 0.54 | 166.7 | 0.57 | 157.3 | 0.61 | 141.3 | 0.68 |
| Discharges/Average Daily Census | 86.7 | 180.9 | 0.48 | 170.6 | 0.51 | 159.9 | 0.54 | 142.5 | 0.61 |
| Discharges To Private Residence/Average Daily Census | 23.6 | 74.3 | 0.32 | 69.1 | 0.34 | 60.3 | 0.39 | 61.6 | 0.38 |
| Residents Receiving Skilled Care | 95.4 | 93.6 | 1.02 | 94.6 | 1.01 | 93.5 | 1.02 | 88.1 | 1.08 |
| Residents Aged 65 and Older | 87.3 | 84.8 | 1.03 | 91.3 | 0.96 | 90.8 | 0.96 | 87.8 | 0.99 |
| Title 19 (Medicaid) Funded Residents | 72.3 | 64.1 | 1.13 | 58.7 | 1.23 | 58.2 | 1.24 | 65.9 | 1.10 |
| Private Pay Funded Residents | 11.0 | 13.4 | 0.82 | 22.4 | 0.49 | 23.4 | 0.47 | 21.0 | 0.52 |
| Developmentally Disabled Residents | 0.0 | 1.1 | 0.00 | 1.0 | 0.00 | 0.8 | 0.00 | 6.5 | 0.00 |
| Mentally Ill Residents | 26.6 | 32.2 | 0.83 | 34.3 | 0.78 | 33.5 | 0.79 | 33.6 | 0.79 |
| General Medical Service Residents | 40.5 | 20.8 | 1.94 | 21.0 | 1.93 | 21.4 | 1.90 | 20.6 | 1.97 |
| Impaired ADL (Mean) | 41.8 | 51.8 | 0.81 | 53.1 | 0.79 | 51.8 | 0.81 | 49.4 | 0.85 |
| Psychological Problems | 41.0 | 59.4 | 0.69 | 60.0 | 0.68 | 60.6 | 0.68 | 57.4 | 0.72 |
| Nursing Care Required (Mean) | 6.3 | 7.4 | 0.85 | 7.2 | 0.87 | 7.3 | 0.87 | 7.3 | 0.86 |